PTO/88/01 (01-08 Approved for use through 11/30/2011, OMS 0861-003

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OR		Manual bases	July 30, 2001	
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	AND	Examiner Name	2/24	
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PARTITION DECEMBER TOURISHER STATEMENT STATEMENT STATEMENT				
I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Atjorney is submitted herewith.				
hereby appoint Practitioner(s) associated will it the following Cust Number as mylour entomapy or agentity to prosecute the applic identified above, and to transact all business in the United States and Trademark Office connected therewith:  OR		the application	26379	
OR  I have by appoint Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States P dant and Trademark Office connected therewith:				
	Practitioner(s) Name		Registration Number	
-				
Please recognize or change the correspondence address for the above-identified application to:				
The address associated with the above-ments ned Customer Number.				
OR				
The address associated with Customer Numbur: 20				
Firm or Individual Name				
Address				
,				
City		State	Zip	
Country				
Telephone		Email		
I am the:				
Applicant/inventor.				
OR  Assigned of record of the entire interest. See 27 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTOS BP6) automitted herewith or filed on				
SIGNATURE of Applicant or Assignee of Record				
Signature	SIGNAL DIESE	- Attended of	1,1,1064	
Name	David L. Teichmann		Data (1/203) 764-8808	
Title and Company	Secretary and Director, Trider	t Microsystems /Far		
MOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one				
signature is required, see below."  "Total offorms are autimated.				
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